

SEARCHED INDEXED SERIALIZED FILED 10-27-73

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10-05 952.

**CLAIMS AS FILED - PART**

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FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (2) CTR 1.1500		
TOTAL CLAIMS (2) CTR 1.1500	35	15
INDEPENDENT CLAIMS (2) CTR 1.1500	(1) minus 3 =	3
GSA FORM 6 DEPENDENT CLAIM PRESENT		(2) CTR 1.1500

\* If the difference in column 1 is less than zero, enter "W" in column 2.

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	FEES		RATE	FEES
•	•	OR	•	•
•	•	OR	•	•
•	•	OR	•	•
•	•	OR	•	•
TOTAL		OR	TOTAL	•

19f2

**CLAIMS AS AMENDED - PART I**

AMENDMENT	101 3/08	(Column 1)		(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total 10 claims	13	Max	35	-	
Excluded 10 claims	3	Min	6	-	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM - 67 CFS - 100%

INITIAL PRESENTATION OF MEDICATION-DEPENDENT CLIMATE BY GENE S. KIM

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
\$ 25.		OR	\$ 50.	
\$ 100.		OR	\$ 200.	
\$ 180.		OR	\$ 360.	
TOTAL ADDITIONAL FEE			TOTAL ADDITIONAL FEE	

(5-1)  $\approx$  7.5 m

AMENDMENT	CLASSE REMAINING AFTER AMENDMENT	(Column 1)		(Column 2)	(Column 3)
		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total S2 000 LINES	13	40000	35	-	-
Remaining S1 200 Lines	3	00000	6	-	-

REGISTRATION OF BENEFITS DEPENDENT CLAIM (27 CFR 1.145-1)

DATE	ADDITIONAL FEE
1-25-	
1-26-	
1-27-	
1-28-	
TOTAL ADD'L FEE	

1917/26

AMENDMENT	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total DEPEN CLAIMS	15	MIXED	35	40		
DEPENDENT DEPEN CLAIMS	4	MIXED	6	40		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.104(c))

RECORDED BY TELETYPE TRANSMITTER CLASS 07 CIR 10-1968

RATE	ADDITIONAL FEE
<del>25.</del>	
<del>100.</del>	
<del>100.</del>	
TOTAL ADD'L FEE	

The Highest Number Previously Paid For (Total or Individual) in the highest number found in the appropriate box in column 1.  
This collection of information is required by 35 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to be used by the USPTO to process, prepare, and submit the completed application forms to the USPTO. This collection is estimated to require 12 minutes to complete including gathering, preparing, and submitting the completed application forms to the USPTO. This cost will vary depending upon the individual case, any comments or the amount of time you require to complete the form and/or suggestions for reducing the time. Please, do not send fees or completed forms to the USPTO or the Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THESE ADDRESSES. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-777-4747 or write to:

*2 of 2*

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

*10/051952*

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	35	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 = * 15	
INDEPENDENT CLAIMS	6 minus 3 = * 3	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	270
X42=		OR X84=	252
+140=		OR +280=	
TOTAL		OR TOTAL	1262

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	270
X42=		OR X84=	252
+140=		OR +280=	
TOTAL		OR TOTAL	1262

\* If the difference in column 1 is less than zero, enter "0" in column 2.  
*Paid for 7 Ind. Claims*

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	(Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 2)		(Column 3)
		Minus	**			Rate	Additional Fee	
Total	* 16	Minus	** 35	=		X\$ 9=		
Independent	* 5	Minus	*** 6	= 1		X42=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=			
X42=			
+140=			
TOTAL ADDIT. FEE			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=			
X42=			
+140=			
TOTAL ADDIT. FEE			

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	(Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 2)		(Column 3)
		Minus	**			Rate	Additional Fee	
Total	* 16	Minus	** 35	=		X\$ 9=		
Independent	* 5	Minus	*** 6	=		X42=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=			
X42=			
+140=			
TOTAL ADDIT. FEE			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=			
X42=			
+140=			
TOTAL ADDIT. FEE			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	(Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 2)		(Column 3)
		Minus	**			Rate	Additional Fee	
Total	* 16	Minus	**	=		X\$ 9=		
Independent	* 5	Minus	***	=		X42=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=			
X42=			
+140=			
TOTAL ADDIT. FEE			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=			
X42=			
+140=			
TOTAL ADDIT. FEE			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.